

ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 01 Issue 09

June 2001



Message from the Chief



I would like to start off this June newsletter, and the summer, by wishing all of you who are PCSing a very safe and successful move. For some of you, this will be the first of many moves. For others, this will be but one of the many moves you have already experienced. Approximately 24% of the Army Nurse Corps is on orders to move during this summer cycle. This might sound like a lot of moves, but it's actually about average for the summer PCS cycle. I want to extend my sincere appreciation for the outstanding job each and every one of you continue to do on a daily basis. I appreciate your flexibility and willingness to move on and assume new duty assignments and new professional challenges, both of which enrich the diversity and experiential base of our great Corps. You all contribute significantly to the outstanding professional reputation that the Army Nurse Corps enjoys, not only throughout the AMEDD but throughout the entire Army as well.

There is one particular officer I would like to highlight in this edition as he prepares to move on to a new assignment. MAJ Pat Ahearne, the administrative resident in our San Antonio office, will soon be departing for an unaccompanied tour to Korea. Many of you may have spoken with Pat either on the

phone or in person down in San Antonio during the past year and are familiar with what his role entails. Let me assure you that Pat's day to day activities encompass much more than publishing a monthly newsletter and redesigning and maintaining the Army Nurse Corps website! In addition to fielding the many phone calls and emails that come into the office everyday from all around the Corps, he has been involved with many issues and projects that have had, or will have, a significant impact on all of us. We have really capitalized on his

informatics training and he has been instrumental in assembling and consolidating some very complicated data necessary for the evaluation, integration and approval of many Corps sensitive issues. However, the most visible of all his tasks was the 100th Anniversary coin project. When handed this project, he publicized a contest, collected submissions, orchestrated a selection board and finalized the design. From there he procured a vendor and served as the sole handler for nearly 10,000 coins dispersed worldwide. Without his efforts, the Army Nurse Corps would not have this limited edition keepsake – and for that we are all extremely appreciative. As he orients his replacement, CPT(P) Laura Feider who just recently arrived at Ft. Sam Houston from Tripler, I want to publicly thank MAJ Pat Ahearne for all the hard work and dedication he has given to the Office of the Army Nurse Corps over this past year. I know you join me in wishing him the best of luck as he begins his transition to the Land of the Morning Calm.

Ready, Caring, and Proud

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Brigadier General, AN
Chief, Army Nurse Corps

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AN Web Site:
www.armymedicine.army.mil/otsg/nurse/index.htm
ANC Branch PERSCOM:
www.perscom.army.mil/ophsdan/default.htm



Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail to CPT Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

PERSCOM

AN BRANCH PERSONNEL E-MAIL ADDRESSES

Please note that our e-mail addresses are still not linked up to the MEDCOM e-mail address list. We are getting numerous calls from the field about "undeliverable" messages when they try to send us e-mail messages. Our e-mail addresses are as follows:

COL Feeney-Jones:	feeneys@hoffman.army.mil	MAJ Merna:	mernac@hoffman.army.mil
LTC Haga-Hogston:	hagas@hoffman.army.mil	MAJ Lang:	langg@hoffman.army.mil
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LTC Ross:	rossa@hoffman.army.mil	Ms. Bolton:	boltonv@hoffman.army.mil
		Ms. Walton:	waltonj@hoffman.army.mil

We would like to extend a hearty welcome to LTC Jane Newman who arrives from William Beaumont Army Medical Center, El Paso, TX. LTC Newman is the new PMO for perioperative nurses and CRNA's as LTC Ted Eckert has PCS'd. LTC Eckert will be the Chief of Anesthesia Services at the 121st General Hospital in Korea. A special thank you to LTC Eckert for his dedication and expertise in the assignment of army nurses into the perioperative and nurse anesthetist positions. He consistently placed the right person into the right position at the right location and the right time. Thank you and best wishes for the future and enjoy Korea.

DO WE HAVE A DEAL FOR YOU

The Korea mission remains a yearly opportunity for officers of all ranks to experience the TO&E and TDA health care environment plus fulfill a one year overseas tour. Branch will be looking for officers for the FY02 assignment cycle, be proactive and reserve an assignment in the "Land of the Morning Calm". Contact your career manager and find out what is available within your specialty area of nursing.

AWARDS PROGRAMS

The Ten Outstanding Young Americans Award Program 2002. This award is given by the United States Junior Chambers of Commerce. The purpose of this program is to focus public attention on the accomplishments of the nation's young men and women and to illustrate the opportunities for young men and women in a free society through the free enterprise system. Nominees must be between the ages of 21 and 39 and native born or naturalized citizen of the U.S. Winners are selected on the basis of achievements in three of the following areas: personal improvement, financial success and economic innovation; social improvement to major contemporary problems, philanthropic contributions or voluntary service; politics or governmental service; scientific or technological contributions; legal reform; cultural achievement; academic leadership; moral and religious leadership; success in the influence of public opinion; and other important contributions to community, state or nation. For additional information contact COL Feeney-Jones at 703-325-2330.

LTHET guidelines are on the Army Nurse Corps Web Site so please take time to read them and understand the graduate/doctoral school requirements. An additional requirement will be added for those applying summer of 2001. Those officers in an USAR status and cannot payback their school obligation by year 20 (mandatory retirement) should apply for RA. The RA guidelines are listed on PERSCOM on line with a due date of 8 June 01. MAJ Lang will be contacting officers that fall into this category. Again if you have questions please call the education desk, AN Branch.

Upcoming FY 01 and FY 02 Boards

05-22 Jun 01	Senior Service College
10-20 Jul 01	COL AMEDD & RA Selection
10-27 Jul 01	Command & General Staff College
02-12 Oct 01	MAJ AMEDD
27 Nov-07 Dec 01	LTC AMEDD Command
05-14 Dec 01	COL AMEDD Command
12-22 Feb 02	LTC AMEDD
05-15 Mar 02	CPT AMEDD & VI
14-21 May 02	MG/BG AMEDD
04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information.

FY01 AMEDD Colonel Promotion Board (MILPER Message # 01-114)

Convene and Recess Dates: 10 July 2001

Zones of Consideration:

LTC DOR: Above the Zone:	01 Jul 96 and Earlier
Primary Zone:	02 Jul 96 thru 01 Oct 97
Below the Zone:	02 Oct 97 thru 01 Sep 98

OERs to PERSCOM: due NLT 03 July 2001

Required "Thru Date" for Promotion Reports (Code 11) is 04 May 2001

Required "Thru Date" for Code 21 Complete the Record OERs: 04 May 2001 (BZ eligible officers are not eligible for "Complete the Record" OER)

Letters to the President of the Board: due NLT 10 July 2001

POC is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / (703) 325-8124 or gaholp@hoffman.army.mil

FY 01 Senior Service College (SSC) Selection Board (MILPER Message # 01-086)

Convene and Recess Dates: 05 -22 June 2001

OERs to PERSCOM: due NLT 29 May 2001

Required "Thru Date" for Code 21 Complete the Record OERs: 30 Mar 2001

Letters to the President of the Board: due NLT 05 Jun 2001

Requests for additional eligibility are due to PERSCOM: NLT 04 May 2001

FY01 Command and Staff College (CSC) Selection Board (MILPER Message # 01-119)

Convene and Recess Dates: 10 - 27 July 2001

OERs to PERSCOM: due NLT 03 July 2001

Required "Thru Date" for Code 21 Complete the Record OERs: 04 May 2001

Letters to the President of the Board: due NLT 10 July 2001

FY01 AMEDD Regular Army (RA) Selection Board (MILPER Message # 01-110)

Convene: On or about 19 July 2001

Application Forms must be dated no earlier than 08 Mar 01 and NLT 08 Jun 01

OERs to PERSCOM: due NLT 03 July 2001. "Thru Date" for RA Appointment Reports will be the date of application

Complete the Record OER is not authorized.

POC for RA Applications is Ms. Norris, DSN 221-3759 / (703) 325-3759

Details of the Board MILPER Messages are now available online. To access the messages, go to PERSCOM online (www.perscom.army.mil), double click "Hot Topics", then select MILPER Messages.

Army Nurse Corps Branch Web Page

The following information is available through the Army Nurse Corps Branch Web Page: LTHET Guidelines, the Army Nurse Corps Lifecycle Model, White House, Congressional and Training With Industry (TWI) Fellowships and other important 'personnel' types of information. You may access our web page through PERSCOM ON LINE, through the Army Nurse Corps Homepage or through direct access. The direct address for our web page is:

www.perscom.army.mil/ophsdan/default.htm AN Branch Web Page.

Correct Address on Your ORB

As frequently mentioned in this newsletter and during AN Branch briefings, officers are again reminded of the critical importance of updating your home address on your ORB. The Army and Army Nurse Corps Branch send critically important information to our officers. The officers who do not have correct addresses on the ORB will not receive these letters. Please take a moment to stop by your PAC/PSB and ensure you have updated your address.

E-mail addresses may now be included in the ORB. Please provide only the appropriate e-mail addresses in your record.

9A Proficiency Designator Selection Board

The FY 01 Army Nurse Corps "A" Proficiency Designator Selection Board will meet in late August 2001. Qualified officers should apply in accordance with the information paper located on the Branch, PERSCOM web page at

www.perscom.army.mil/ophsdan/default.htm. Hard copy LOI will not be sent to the field.

The 9A Proficiency Designator is awarded to few senior Army Nurse Corps officers and is a testament to the officer's status as an expert Army nurse and leader in nursing. Nominations MUST arrive at AN Branch, PERSCOM by 20 July 2001. Point of contact is MAJ Gary Lang at 703-325-3693 / DSN 221-3693 or email at langg@hoffman.army.mil

LTHET TUITION CAP ESTABLISHED FOR 2002 SCHOOL STARTS

Due to LTHET budget constraints, officers selected for long term civilian training to begin school in the fall of 2002 (from the LTHET Selection Board in July 2001), now fall under the newly established LTHET semester/quarter tuition cap. The new tuition cap is as follows:

Per semester	\$3,000
Per quarter	\$2,250

Officers must pay any tuition or associated costs billed by the school in excess of the Army Nurse Corps tuition cap directly to the school. Questions related to the LTHET tuition cap may be directed to MAJ Gary Lang 703-325-3693 or email at langg@hoffman.army.mil

Transcript Updates

LTHET Transcripts: Before sending transcripts intended for LTHET application packets, please make sure you have forwarded the "Notice of Intent to Apply to LTHET" to AN Branch.

Transcripts intended to update the ORB and microfiche: All transcripts must be forwarded directly from the school to AN Branch, PERSCOM. Transcripts received from the officer in the sealed school envelope are also acceptable. Have transcripts mailed to:

COMMANDER, PERSCOM
TAPC-OPH-AN, ROOM 9N47 (MAJ Lang)
200 STOVALL STREET
ALEXANDRIA, VA 22332-0417

KUDOS to All Officers Going to School Part Time

We at AN Branch recognize the amount of hard work, dedication, and initiative it takes to pursue your master's degree on a part time basis, while working full time as an Army Nurse Corps officer. Your efforts contribute to making the Army Nurse Corps one of the most highly educated groups of nurses in the country. Please contact your PMO, via e-mail, to let us know about your program of study. **This is especially important if you are pursuing graduate work that may lead to changing your AOC/ASI.** We need this information so we can work with you to plan for your future assignments, especially if you expect to be assigned in a different AOC/ASI in the future.

Tuition Assistance (TA)

Tuition Assistance (TA) is offered through the Army Continuing Education System. This is a wonderful benefit for those motivated AN officers pursuing additional education. If you elect to take advantage of this program, remember **there is a two-year active duty service obligation incurred with the use of TA.** This is agreed upon when you sign DA Form 2171 (Application for Tuition Assistance). AR 621-5 states "Commissioned officers must agree to remain on active duty for at least **2 years after completion of the course** for which TA is provided unless involuntarily separated by the Army before that time (10 USC 2007). Officers who fail to meet this requirement because they voluntarily separate or are discharged for misconduct before they complete their service TA commitment are required to reimburse the Army the amount of TA that represents the unserved portion of the 2-year obligation as agreed upon by signing the DA Form 2171 (Application for Tuition Assistance--Army Continuing Education System)". **Currently, officers are being held to the two-year active duty service obligation and not given the option to reimburse the government for monies received.**

AN Branch Courses

MAJ Gary Lang, AN Branch, manages seating for the following courses. Officers may not register themselves for these courses. Registration must go through the Chief Nurse (CN) or Hospital Education Chief's office to AN Branch. The HNLDC registration goes through the MTF Chief Nurse to the Regional Chief Nurse.

- | | |
|-------|--|
| 6F-F3 | AMEDD Head Nurse Leader Development Course (HNLDC) (SA, TX)
(next available courses are ; 10 – 22 Jun 01; 12 – 24 Aug 01)
Seat allocations limited. Officer must be selected through the Regional Chief Nurse. <ul style="list-style-type: none">• Regional Chief Nurse may register officers by email with name/rank/SSN |
| 6F-F2 | AMEDD Advanced Nurse Leadership Course (ANLC) (SA, TX)
(All courses CANCELLED through end of fiscal year) |

6A-C4	Combat Casualty Course (C4) (FSH, TX) Next available courses are: 7 – 15 Jun 01; 13 – 21 Sep 01
	<ul style="list-style-type: none"> • CN or Hospital Education Chief may register officers by email with name/rank/SSN
6A-C4A	Joint Operations Medical Managers Course (formerly Combat Casualty Management) (FSH, TX) (next available courses are 22 – 29 Jun 01 & 26 Oct – 02 Nov 01) *PLEASE NOTE – THESE ARE REVISED DATES
	<ul style="list-style-type: none"> • CN or Hospital Education Chief may register officers by email with name/rank/SSN
6H-F26	Med Defense Against Biological/Warfare & Infectious Disease (Ft Detrick) and Medical Management of Chemical Casualties (USAMRICS, MD) Next available class is 14 – 21 September 01 (take with 6H-F25) ** DA 3838 required NLT 45 before the start of the course
DNWS-R004	Emergency Hazards Response Course (formerly Radiological Hazards Training Course) (Kirkland AFB, NM)

<u>Class #</u>	<u>Report Date</u>	<u>Start Date</u>	<u>End Date</u>	<u>Seats per class</u>
002	16 Sep 01	17 Sep 01	21 Sep 01	7

A DA 3838 is necessary to request this course and must be submitted NLT 45 days before class start date. Although the DA Form 3838 does not call for it, please list your fax number in section 24 "Local Approving Authority". To be eligible for the course, applicants are required to have a "Secret" security clearance. POC at AN Branch is MAJ Gary Lang at DSN 221-3693.

FY 2002 White House Fellowship

Applications due 7 September 2001

The President's Commission on White House Fellows annually selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. The purpose of the White House Fellowship is to provide gifted and highly motivated young Americans some first hand experience in the process of governing the nation and a sense of personal involvement in the leadership of society. Fellows write speeches, help review and draft proposed legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Fellows are assigned to work with senior White House officials, cabinet secretaries, or other deputies. In the past, fellows have worked for the Vice-President, The White House Chief of Staff, and the National Security Council. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001**

The White House Fellowship is a highly competitive process. AMEDD officers must meet the following criteria: have received permission to compete from their Personnel Management Officer (PMO) at AN Branch; US citizen; less than 5 years and not more than 17 years active federal commissioned service (AFCS) at the beginning of the fellowship in September 2002; not competing for any other Army sponsored program, fellowship or scholarship; be able to complete a full fellowship and 2 years follow-on assignment; have no adverse actions pending, meet army height/weight and PT requirements; be PCS vulnerable; completion of Officer Advanced Course; have a graduate degree; not completing a utilization tour for civilian education (if the officer is completing a utilization tour must complete prior to the start of the fellowship). Officers must have an outstanding performance records.

Application Packet: (DUE IN AN BRANCH NLT 7 September 2001)

1. Completed DA 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command. Verification of height/weight/PT MUST be addressed in a separate memo signed by the officer's Commander. Mail application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN (room 9N47) ATTN: MAJ Grimes, 200 Stovall ST., Alexandria, VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, then forward with your packet)
5. Officers applying must have a current digital photo and college transcripts on file at AN Branch.

MAJ Gary Lang is the POC for this fellowship and may be reached at DSN 221-3693, commercial 703-325-3693 or email langg@hoffman.army.mil

FY 2002 CONGRESSIONAL FELLOWSHIP

Applications due 7 September 2001

The U.S. Army Congressional Fellowship program is designed to provide congressional training to top Army officers beginning August 2002 through December 2003. Fellows will begin the fellowship by attending the Force Integration Course held at Fort

Belvoir, Virginia from August to December 2002. Fellows typically serve as staff assistants to members of Congress. Fellows are given responsibilities for drafting legislation, arranging congressional hearings, writing speeches and floor statements, and briefing member for committee deliberations and floor debate. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001.**

Eligibility: Request and receive permission to compete from officer's Personnel Management Officer (PMO); have accrued active federal commissioned service of not more than 17 years as of 1 January 2002; not be competing for any other Army sponsored program, fellowship or scholarship while competing for the fellowship; have no adverse actions pending; must not be serving in or owe a utilization assignment; meet army height/weight/APFT requirements; have potential for future military service; meet the two-year time on station requirement at the start of the fellowship; be a CSC graduate (resident/non-resident); hold the rank of MAJ or LTC.

Application Packet: (DUE TO AN BRANCH NLT 7 SEPTEMBER 2001)

1. Completed DA Form 4187 (Personnel Action). The form must include endorsement by the officer's command and the officer's height/weight/APFT verified by the command annotated in the remarks section. Mail application to CDR, PERSCOM, ATTN: TAPC-OPH-AN, Room 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, sign and forward with your packet)
5. Officers applying must have a current digital photo and official college transcript on file at AN Branch.

MAJ Gary Lang is the POC for this fellowship and may be reached at DSN 221-3693 or commercial 703-325-3693 or email at langg@hoffman.army.mil

FY 2002 TRAINING WITH INDUSTRY (TWI)

Applications due: 1 November 2001 (revised date)

Two qualified officers will be selected for the FY 2002 Training With Industry Fellowship. These officers will get firsthand experience in the private sector, while gaining managerial techniques and skills for application in the AMEDD. All programs are graduate-level and non-degree producing. Selected officers will begin their fellowship late summer of 2002 and then complete a follow-on utilization tour beginning the summer of 2003. The TWI fellowship will not exceed 12 months in length. Applicants incur an active duty service obligation (ADSO) of three years for the first year of training or any portion of the training.

Following are the two **projected** TWI sites for FY 2002. TWI opportunities are open to all AOC/ASI's.

Healthcare Finance Administration (HCFA), Baltimore, Maryland
Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, Illinois

Eligibility: The TWI Fellowship is highly competitive. ANC officers must meet the following criteria: Master's degree; completion of CGSC; at least eight years but not more than 17 years active federal service (AFS); two years time on station at the start of the program or completion of an overseas tour; not competing for any other Army sponsored program, fellowship, or scholarship; be able to complete a full utilization tour following the fellowship; no adverse action pending; meet the Army's height/weight/PT requirements; be PCS vulnerable; and the rank of MAJ or LTC. Officers must have an outstanding performance record.

Application Process:

1. The interested officer requests and receives permission to apply from their chief nurse and their personnel management officer (PMO), AN Branch, PERSCOM.
2. Officer submits an application packet **NLT 1 November 2001 (revised date)** that includes:
 - a. The completed DA FORM 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command.
 - b. Verification of height./weight/PT MUST be addressed in a separate memo signed by the officer's commander.
 - c. Current curriculum vitae (CV)
 - d. Letter of recommendation from the chief nurse
 - e. Statement of professional goals and objectives from the officer
 - f. Signed ORB (obtain from your local PAC, review, then forward with your packet)
 - g. Completed DA Form 1618-R.
3. Officer must have a current digital photo and BSN and masters transcripts on file at AN Branch, PERSCOM.
4. The PMO's in AN Branch will screen the application for competitiveness and suitability for the program, after which the application will be reviewed with the Chief, Army Nurse Corps for final selection and approval of the TWI participants. Applicants, once approved, will have a contract established with the civilian organization.
5. Mail the completed application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN, RM 9N47 (MAJ Lang), 200 Stovall Street, Alexandria, VA 22332-0417

6. POC for the TWI Fellowships is MAJ Gary Lang, Education Management Officer, AN Branch, PERSCOM at DSN 221-3693 or commercial 703-325-3693 or email at langg@hoffman.army.mil

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to be able to pass the course.

Captain's Website

A "Captain Retention" Website has recently been loaded onto PERSCOM ON LINE. The Website has been developed and written by Captains assigned to PERSCOM and contains information of interest to and specific for Captains. You may find that some of the information does not apply to you as an ANC officer but please take a minute to review this interesting website. It is located at: <http://www.perscom.army.mil/OPcptRet/homepage1.htm>

Officer Advanced Course

Officers need to have completed OAC before the Major's board. CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. Below is the list of OAC class dates for FY 01&02. **Please note of the date changed in OAC Phase II.** Seats are limited so please plan accordingly.

Class #	Report Date	Start Date	End Date
031	15 Jul 01	16 Jul 01	21 Sep 01
041	30 Sep 01	01 Oct 01	13 Dec 01
012	06 Jan 02	07 Jan 02	15 Mar 02
022	24 Mar 02	25 Mar 02	31 May 02
032	07 Jul 02	08 Jul 02	13 Sep 02
042	22 Sep 02	23 Sep 02	05 Dec 02

Send a copy of DA3838 and OAC Phase 1 Certificate of Completion to CPT Gahol at AN Branch (fax is OK). The chief nurse or designee must sign DA 3838. Officer must not be on temporary profile, have met HT/WT standards and have passed the most recent APFT before attending Phase II. In addition, include the name, e-mail address and telephone number of the MTF's OAC coordinator. The OAC letter will be sent through your facility's OAC coordinator.

OAC Phase II Enrollment Cancellations

Officers wishing to cancel their enrollment from OAC Phase II must submit a letter thru their chief nurses or education coordinators NLT 2 weeks before the course starts. Send the letter to CPT Gahol. Please note that officers that cancelled without adequate notice will be considered as "No Shows".

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** has become very popular and classes do fill quickly at the more popular locations and times. Please plan early--send your completed 3838s, signed by your respective chain of command, and fax to **LTC Newman** at **DSN 221-2392**, com. **703-325-2392**. Respective POCs for specific ATRRS and class related questions are:

CGSC by Reserves—Ms Jennifer West **DSN 221-3159**

CAS3 by Reserves—Ms Jennifer West **DSN 221-3159**

CAS 3 Information on Line

Information for the Reserve Component (RC) CAS3 can be found on PERSCOM ON LINE. The web address is WWW-PERSCOM.army.mil. Use the SEARCH option listed in the main menu and type in RC-CAS3, press enter. The information pertains to AD officers attending Reserve Component CAS3. Points of contact (POC) for specific reserve component regions are listed. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions relating to CAS3. LTC Newman (newmanj@hoffman.army.mil) is the AN Branch POC.

CGSC Information on Line

Information for CGSC and CAS3 can be found on line. The web address is WWW-CGSC.army.mil.

Ms. Jennifer West (DSN 221-3159) is an additional POC for specific questions relating to CGSC. Please do not attempt to register on-line. Registration for CAS 3 and CGSC must be processed through your respective local training chain of command. LTC Ted Eckert (eckertt@hoffman.army.mil) is the AN Branch POC.

Generic Course Guarantee

The Generic Course Guarantee program continues to be a great success and thanks to all of the folks who assist officers in identifying and specifying a desired course. Specification of a course must take place within a year of the officer coming on active duty. Officers who enter active duty with no prior nursing experience must have a minimum of one year nursing experience before attending an AOC producing course. Officers who have prior nursing experience, must have at least six months Army nursing experience before attending a course. Officers must have at least one year remaining on active duty at the completion of a course. The courses available for attendance through the Generic Course Guarantee program are Critical Care, Psychiatric-Mental Health, OB-GYN, and Perioperative Nursing Course. Officers who desire to attend the Emergency Nursing course (M5) or Community Health Nursing course, must decline their Generic Course Guarantee.

AOC/ASI Producing Courses

Critical Care Course and Emergency Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil

Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil. LTC Newman is the new Perioperative Nurse and Nurse Anesthetist Personnel Management Officer (PMO) as LTC Eckert has PCS'd.

Community Health, Psychiatric-Mental Health, and OB-GYN Nursing Course Manager: LTC Ross at rossa@hoffman.army.mil

Please note FY02 AOC/ASI Course dates:

AOC/ASI COURSE	LOCATION	REPORT DATE	START DATE	END DATE	APPLY BY
Critical Care Nursing	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
	MAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	MAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	MAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
	WRAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	WRAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	WRAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
Emergency Nursing	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
Psychiatric Nursing	WRAMC	26 AUG 01	27 AUG 01	20 DEC 01	25 APR 01
	WRAMC	06 JAN 02	07 JAN 02	26 APR 02	06 SEP 01
	WRAMC	19 MAY 02	20 MAY 02	10 SEP 02	19 JAN 02
OB/GYN Nursing	TAMC	26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01
	TAMC	24 FEB 02	25 FEB 02	14 JUN 02	24 SEP 01
	TAMC	07 JUL 02	08 JUL 02	29 OCT 02	07 FEB 02
Perioperative Nursing	MAMC	20 MAY 01	21 MAY 01	14 SEP 01	11 DEC 00
	MAMC	14 OCT 01	15 OCT 01	22 FEB 02	04 JUN 01
	MAMC	17 MAR 02	18 MAR 02	10 JUL 02	12 OCT 01
	MAMC	28 JUL 02	29 JUL 02	20 NOV 02	15 FEB 02
	WBAMC	15 JUL 01	16 JUL 01	2 NOV 01	19 MAR 01
	WBAMC	25 NOV 01	26 NOV 01	29 MAR 02	25 JUN 01
	WBAMC	21 APR 02	22 APR 02	09 AUG 02	19 NOV 01
	WBAMC	02 SEP 02	03 SEP 02	20 DEC 02	08 APR 02
	BAMC	26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	31 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02

AUG 01 Critical Care Course

We still have seats available in the August 01 Critical Care course (WRAMC, BAMC and MAMC). There is one seat left in the WRAMC course, 5 seats in the BAMC course and 8 seats in the MAMC course. If you are interested in being considered for attendance in this course, please communicate this through your chain of command. The deadline for applications to AN branch is 22 Jun 01. For more information contact LTC Charly Hough at DSN 221-2330 or COMM 703-325-2330.

REMINDER: Officers who are applying for specialty courses need to be aware that there are several factors that are closely evaluated when making the course selections. Officer qualifications, MTF needs, fiscal constraints and personal assignment preferences are a few of the important factors that are thoughtfully considered. Officers should be aware that any time they are coming out of a school, (i.e. AOC courses and LTHET) the priority for the follow on assignment is the "utilization tour" while meeting the needs of the MTFs. This is why officers attending AOC producing courses are generally assigned to medical centers or large, busy MEDDACs as their follow on assignment.

Naturally, it is always our goal to match up personal preferences, however, sometime that is not always possible. Therefore, if you are applying for a course you must be prepared to accept the follow on assignment as a condition of your acceptance to the course.

Preference statements are part of the application process. Be sure that you state any special considerations that you would like us to be aware of when making your assignment. Once the assignments are made it is very difficult to change them.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities GALORE! are available for 66H Lieutenants with at least 2 years Time on Station (TOS), meet HT/WT/APFT standards, willing to PCS, and chain of command approval. There are openings for 66H LT's in CONUS MEDCENs and MEDDAC's as well as OCONUS opportunities to include Korea and Germany. Don't miss out on your opportunity to experience new challenges! First come first served. Please contact LTC Charly Hough, PMO for 66H LT's and new accessions, email houghc@hoffman.army.mil if you are interested. There are also TO&E opportunities available.

Assignment Opportunities for Captains

There continues to be great assignment opportunities for company grade Army Nurse Corps officers! The summer 01 PCS cycle identifying vulnerable officers has been sent to each chief nurse. By now, the officers that were identified for a summer move should have received notification through their chain of command. If you think you were overlooked, or have at least two years time on station and would like to be considered for a summer 01 move, please contact your chief nurse immediately so that we can begin planning your next assignment.

There are assignment opportunities at the following locations summer 01: Fort Polk, LA, 21st CSH, Fort Hood, TX, William Beaumont Army Medical Center, Ft. Bliss, TX, Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA, exotic Korea, Germany, and other TO&E assignments! If you are interested and meet the criteria for a PCS, please email MAJ Christine Merna at mernac@hoffman.army.mil

DEPLOYMENT OPPORTUNITIES!!! Several TO&E units are on the screen for deployment in FY 01. If you are looking for an assignment with a mobile, field unit contact MAJ Merna for more information at mernac@hoffman.army.mil

66F Assignment Opportunities

Assignment opportunities are available for 66Fs this summer at Ft. Irwin, Ft. Huachuca, and Ft. Bliss. There will be a TO&E position at the 115th Field Hospital opening in the spring of 2002. For these and other opportunities please inquire to LTC Newman, newmanj@hoffman.army.mil.

Smart Tips from the FRO

By CPT Bob Gahol

Establish your Army Knowledge Online (AKO) Account!

This is a heads up for all Army Nurse Corps officers. PERSCOM is coming up with new and innovative ideas on how we can do business better. There are so many exciting things in store for you, such as PERMS online, and PERSCOM Officer Career Management Online. PERMS online will allow you to access your microfiche online. The PERSCOM Officer Career Management Knowledge Center is a site designed to help transform the Institutional Army into an information age, networked organization. The PERSCOM Officer Career Management Knowledge Center houses the electronic preference statements for officers participating in the Career Field Designation (CFD), Functional Area Designation (FAD), Command Preference Designation (CPD), and Senior Service College (SSC) processes. Other information that may help officers make selections on their preference statements is also available.

We advise all soldiers to sign up for the Army Knowledge Online and establish an account. Go to <http://www.us.army.mil> and double-click "I'm a new User" menu. Please remember your User ID and Password for these will be your permanent access data throughout your military career.

Guide For Preparation of Evaluation Report Appeals

Prepared by Appeals and Corrections Branch, U.S. Total Army Personnel Command, Alexandria, VA

Evaluation Report Appeals

In the total Army, more than 100,000 evaluation reports are written on officers and warrant officers each year. Historically, the vast majority of those who render evaluation reports discharge this important responsibility with due care and consideration in accurately recording the performance and potential of their subordinates. In preparing this large number of evaluation reports on an annual basis, there are normally some rating officials who have not written evaluation reports as accurately and objectively as intended in the governing regulations. The purpose of this document is to provide information intended to assist the soldier in preparation of an evaluation report appeal in conjunction with Chapter 6, AR 623-105. It should serve as a ready reference and procedures involved in gathering evidence to support an appeal.

What should I appeal?

If you receive an evaluation report, which you firmly believe is an inaccurate or unjust evaluation of your performance and potential, or one that contains administrative errors, that report may be a candidate for an appeal. Likewise, a report that was not rendered in accordance with the Army Regulation in effect at the time of preparation may be considered for appeal.

If you are simply dissatisfied with receiving a good report (for example with nothing but favorable comments) because you believe it should be better, you should be aware that it is difficult to successfully challenge the judgment of your rating officials with clear and convincing evidence that you deserve better. Even if successful, the remedy applied would probably be to remove the portions proven inaccurate or unjust, rather than raising the scores or block placements.

In deciding what to appeal, you must consider early on whether you can gather useful evidence in support of an appeal. Your self-authored statement alone does not suffice as evidence of an inaccurate, unjust or administratively flawed evaluation report. Remember, the report as accepted by DA is presumed to be correct until you prove that it is not.

When should I appeal?

The first step in the Army Redress System is the commander's inquiry. The primary purpose of the commander's inquiry is to provide a greater degree of command involvement in preventing obvious injustices to the rated officer and correcting errors before they become a matter of permanent record. A secondary purpose is to obtain command involvement in clarifying errors or injustices after the OER is accepted at HQDA. However, in these after-the-fact cases, it is not intended to be a substitute for the appeals process, which is the primary means of addressing errors and injustices after they have become a matter of permanent record. The inquiry must be completed not later than 120 days after the "Thru" date of the OER. Additional information concerning the commander's inquiry is contained in Section II, Chapter 6, AR 623-105, a copy of which is located at the end of this brochure.

The second step is submission of an OER appeal. You should begin preparation of an appeal as soon as possible after receiving an evaluation report with which you have good reason to strongly disagree. Some appellants find reluctance on the part of would-be supporters still serving under the same rating chain to provide statements; this should be taken into consideration. Waiting too long, however, adds to the difficulty of locating those who might offer support, or in gathering records that might serve as evidence.

AR 623-105, effective 1 October 1997 requires substantive appeals to be submitted within five years of the OER's completion date on all reports prepared prior to 1 October 1997. All appeals on reports prepared on the DA Form 67-9 must be submitted within three years of the completion date. This restriction will only be waived under exceptional circumstances. Administrative appeals will continue to be considered regardless of the period of the report. However, the likelihood of successfully appealing a report diminishes, as a rule, with the passage of time. Prompt submission is, therefore, recommended. If you are requesting a waiver, you will need to add a paragraph to your cover memorandum requesting a waiver and a brief explanation on why you waited beyond the time limit to submit an appeal. The Officer Special Review Board will approve or disapprove your request for waiver.

What are my chances of successfully appealing an evaluation report?

Your success in appealing a report will depend largely on your effort to present clear and convincing evidence that the evaluation is inaccurate or unjust. The best evidence is obtained from third parties who were in a position to observe your performance from the same perspective as your rating officials. Statistics are not published on the approval/disapproval rate of evaluation report appeals. Statistics do not reflect a true picture of the effectiveness of the program. Some appeals are received at HQDA that only meet the minimum requirements of the regulation for acceptance and processing while many others are well documented and reflect the efforts of the individual who is appealing a report. To portray a picture of the appeal approval rate by using statistics that are comprised of the cases containing minimal evidence and the cases containing quality evidence would only present a distorted picture on the effectiveness of the appeal program.

Because each evaluation report is unique, each appeal is unique. It is important to remember that the evaluation redress system is designed to correct error or injustice, not weakness. Evaluations that reflect duty performance not on a level with previous or subsequent reports are not presumed to be in error. The bottom line is that the success of your appeal depends mainly on you!

Preparing to appeal

Having decided what and when to appeal, you should begin laying the groundwork by a thorough review of the appropriate Army regulation in effect at the time the challenged report was prepared. Using your copy of the challenged report, you should note any instances where provisions of the governing regulation were not followed. You may want to seek assistance from your local personnel service battalion (PSB) or staff judge advocate in accomplishing this task. While minor inconsistencies or irregularities in the preparation of an evaluation report are not usually the sole basis for removal, they do add to the overall consideration of the merits of an appeal. Some serious irregularities, such as improper rating officials, may, in and of themselves, warrant full or partial relief.

What type of evidence do I need?

Evidence submitted includes statements from third parties and/or rating officials, and often includes documents from other sources (investigations, inspections, etc.). There are no constraints on type and amount; however, Chapter 6, AR 623-105, provides fairly extensive guidance as to what will or won't be especially helpful. Generally speaking, that guidance addresses evidence in terms of its relevance to the contested report and an appellant's contentions. Vantage points and firsthand knowledge are important factors in selecting third parties to support an appeal. In addition to your evidence, you should also provide a self-authored statement as an enclosure to your appeal. In this statement, provide as much information concerning what you accomplished during the rating period, any problems you encountered and your relationship with the rating officials. This will be your only opportunity to present your side of the story since the board will not contact you or allow you to appear in person. Request the evidence you provide justify the specific changes you believe. Your request may be a combination of changes or total removal of the report. Remember that you must document your request with sufficient evidence to warrant corrective action. The burden of proof is upon the rated officer.

Appropriate appeal correspondence formats can be found in the regulation; it is recommended that the cover letter be typed, military memorandum on letterhead or white bond paper. In whatever form your appeal is presented, all enclosures should be tabbed and listed for easy reference, they should be cited in the written appeal as evidence to support each contention you are making. An example of an appeal memorandum is located in Chapter 6, AR 623-105, a copy of which is located at the rear of this brochure.

Submission

Upon receipt of supporting statements and documentary evidence, and before finalizing the appeal, you may wish to have the entire package reviewed by a disinterested third party in which you have trust and confidence. This third party review will help remove emotionalism and poor logic from your appeal. The appeal should not be submitted until you are satisfied that you have presented a logical, well-constructed case, as fully documented as possible.

Submit the finalized original appeal, plus one complete copy (does not have to be certified) directly to the address listed in the regulation for your component. Verify that all necessary information (i.e., signature, date, mailing address, telephone number, and priority) has been included before forwarding the appeal. All supporting statements must be originals and all documents provided must be original or certified true copies. Certification of documents may be done by your local staff judge advocate or PSB. The copy of the evaluation report does not have to be a certified copy since the official copy is on file in your Career Management Information File. If you are aware of the current phone numbers of the rating officials on the contested report, please include them in your appeal correspondence.

Processing and Disposition of Appeals

The Appeals and Corrections Branch of the respective Active, Reserve or National Guard component will review the case upon receipt and either notify you by letter that the appeal has been accepted or that the case is being returned for lack of usable evidence. The appropriate Appeals and Corrections Branch for your component will resolve administrative appeals. The DCSPER Officer Special Review Board (OSRB) will further forward substantive appeals for final review and decision. Upon final determination of the case, the appropriate agency will notify you of the outcome.

The time necessary to process an appeal varies with the type and complexity of the appeal, the volume of appeals being processed at the time your appeal is accepted, and the extent of deliberation required to make an appropriate decision. Some Priority 3 cases will take six months or longer to adjudicate while the Priority 2 and 1 cases will take less time. Processing priorities are explained in the Army regulation. The fact that you are scheduled to be considered by a DA promotion board will not cause your appeal to be expedited or change your priority. To ensure full and just consideration of an evaluation report appeal, the primary members of the rating chain are normally contacted by the OSRB for their comments, if necessary. Sometimes this acts to the advantage of an appellant, sometimes not. Because the rating chain was entrusted with the responsibility for rating a subordinate, the information they provide cannot be disregarded. On the other hand, it does not automatically outweigh credible evidence provided by an appellant that refutes the evaluation. HQDA must carefully evaluate and weigh all evidence provided, or available, to arrive at a fair, impartial and just determination. After approving an appeal where the individual was previously nonselected by a DA selection board for promotion, the Special Review Board will also take into consideration whether promotion reconsideration is warranted. The appellant will be

informed of this decision when notified of the SRB decision. The Promotions Branch will provide the outcome of the relook board to the appellant.

In all cases, whether the appeal is approved or denied, totally or in part, documentation is placed on the Official Military Personnel File (OMPF). The performance portion of the OMPF is amended to include either (1) a memorandum for record which documents the amendment or explains nonrated time or (2) the HQDA letter which notifies the appellant that his appeal has been denied. When the appeal is denied, either totally or in part, a complete copy of the appeal correspondence is placed in the restricted data.

If the appeal is denied, an appellant may seek new, additional evidence and submit a new appeal or may request relief from the next agency in the Army's redress system, the Army Board for Correction of Military Records (ABCMR). AR 15-185 governs operation of the ABCMR. If your case was decided by the OSRB, a case summary of the board's consideration is available under the Privacy Act (PA).

A request IAW AR 340-21 for a copy of the case summary under the FOIA/PA should be sent to:
HQDA (DAPE-ZKI-SP), Washington, D.C. 20310-0300

Summary Checklist for the Appellant

Appellant's Letter: Typed, military memorandum on letterhead or white bond paper. Identify in the first paragraph name, rank, branch, SSN, period of report and priority of the appeal. Include a DSN or commercial phone number and correct mailing address. Home address may be used. Use this memorandum to transmit the appeal. Concisely explain the nature of your disagreement and what corrective action is requested. If a detailed explanation of the circumstances of a report is required, add a statement as an enclosure to the appeal. It is important to remember that the OSRB will not contact you, but will more than likely contact the rating officials for their side of the story. Therefore, it is important that you provide the OSRB with as much information as possible in your own statement to assist the OSRB in their adjudication. List and identify all enclosures. Sign and date the memorandum.

Evidence: Appeals based on technical (administrative) error must be proven by original or certified true copies of appropriate documents, e.g., orders, leave and earning statements, appropriate medical documents verifying height/weight, APFT results (DA Form 705), DA Form 2-1. Originals of statements from knowledgeable observers during the report period must support claims of inaccurate or unjust evaluations. These statements should be signed, dated on letterhead or white bond paper and should be specific in content. Additional statements from rating officials are acceptable, but will not be the sole basis of the appeal. Documents such as ARTEP, AGI, command inspection results, etc. may be useful in supporting a substantive appeal.

Copies: Original and one duplicate copy. Original packet must include originals of all statements and certified true copies of all other documents, with the exception of the OER copy.

Dispatch: Before mailing, review to be sure all enclosures are included, all signatures and dates are on all documents and address and phone numbers are included. Use the correct HQDA office symbol listed in the regulation and enclose the paperwork in a secure mailing envelope or heavy wrapping, as required. Please refrain from using fancy binders or covers. These only make the appeal harder to handle and take up unnecessary storage space.

Follow-up: You will be notified in writing by the Appeals and Corrections Branch that your appeal was received. Notify HQDA promptly if address or priority changes. Appellants will be notified promptly, in writing, of the decision once it is finalized. Upon final decision, if not totally approved, appellants have further recourse. Appellants may request a copy of the OSRB case summary, then submit a second appeal strengthened by additional evidence. Information on requesting a copy of the case summary is contained in the first part of this brochure. As an alternative to reconsideration by the OSRB, appellants may apply to the Army Board for Correction of Military Records (ABCMR) under the provisions of AR 15-185.

For additional information concerning appeals, please contact one of the following agencies responsible for your particular component.

ACTIVE DUTY OFFICERS:

Commander
U.S. Total Army Personnel
Command
ATTN: TAPC-MSE-A
200 Stovall Street
Alexandria, VA 22332-0442
DSN: 221-8642/3
COML: (703) 325-8642/3

ARMY RESERVE:

Commander, ARPERSCOM
ATTN: ARPC-PSU-EA
9700 Page Avenue
St. Louis, MO 63132-5200
DSN: 892-3424
COML: 1 (314) 592-0000, Ext. 3424

NATIONAL GUARD:

Chief, Army National Guard
Readiness Center
ATTN: NGB-ARP-CO
111 S. George Mason Drive
Arlington, VA 22204-1382
DSN: 327-9108
COML: (703) 607-9108

INFORMATICS CONSULTANT

LTC (P) ANTHONY ETTIPPIO

True leaders, in every specialty of nursing, always tend to naturally emerge regardless of environment or circumstance. One characteristic of present and future leaders is their selfless desire to bind together with their colleagues as team, and then strive to see the group as a whole succeed. Another marker or hallmark is the ever-present energy and impulse to "take the initiative" to effect better communication, understanding and enterprise synchrony. Improved networking, mutual support, and organization-wide benefits almost always result from these efforts.

As if they were not already busy enough, Major Caterina E.M. Lasome, MSN/MBA, MHA, a doctoral student, and Captain Michael W. Greenly, BSN, CCRN, a masters student, both attending the U. of Maryland School of Nursing, took the time to coordinate with all available AN officers who are also attending graduate school for nursing informatics – to write with them a few words about the value of the informatics specialty from their perspective – and as well – to tell us about themselves and those who will be entering your commands in the near future.

LTC(P) Anthony M. Ettipio.

Army Nurse Informatics-Specialty Graduates: The "Hidden Value" Nurse Executives Can Expect to Realize - by Major Caterina E.M. Lasome and Captain Michael W. Greenly

When Army nurses graduate from Masters programs in traditional clinical concentrations and return to their follow-on duty assignments, it is, in most cases, readily apparent what they have learned in school. Their new skill set is visible from day one, and there is no doubt about their direct value to bedside care, nursing, and the larger organization. For those graduating from an informatics program, however, immediate benefits to nursing operations are often weeks and months away. Given the skill set that an informatics education provides, the value of an informaticist is best realized by employing him or her in a multidisciplinary-organization level manner. A nursing informaticist working "in isolation" is unlikely to be as effective for nursing and patients as one utilized as part of the MTF's overall efforts. The benefits to nursing can accrue as a result of work center/work flow analysis – and in doing business process reengineering – all the while ensuring that sound, efficient, integrated (digital) clinical documentation/transaction processes are put into place. Of course, this is just one simple example. Any review of the healthcare literature almost surely results in statements calling for standardized languages, outcomes data, evidence-based practice, and a host of other data and information driven decision support technologies. Nurse informaticists – while advocates for and specialists in the nursing business process – also work in partnership with all other healthcare professionals. Nurse informaticists serve at the juncture between myriad information systems, clinicians, and information technologists - and stand ready to guide nurses and other healthcare providers from data identification to information to knowledge – and thus decision support in the delivery of patient care and services.

The most widely used definition of informatics comes from Graves and Corcoran (1989). They define nursing informatics as a combination of computer science, information science, and nursing science designed to assist in the management and processing of nursing data, information, and knowledge to support the practice of nursing and the delivery of nursing care (p.227). Increasingly, AN informaticists, along with our counterparts in our sister services, are being called upon to bring their specialized knowledge to bear on a host of data management and system functionality issues that the AMEDD and the Tricare Management Activity (TMA) are working on in order to build our next generation systems. Examples include CHCS II, DMHRS (Defense Medical Health Resources System) and TMIP (Theater Medical Information Program), to name just a few.

To provide future support to the AN Corps, the AMEDD and the TMA, several AN officers are currently pursuing degrees or minors in informatics at the University of Maryland, University of Utah, and University of Texas at San Antonio. It is important to recognize the types of projects these students are involved in and what they will eventually bring to the table for Army nursing. This article is intended to heighten the awareness of the skills and experiences informatics graduates possess thereby ensuring all Army nurses and AMEDD personnel can best leverage the benefits of their informaticists in their work environments!

MAJ Bonnita Wilson will graduate from the University of Maryland with her Masters degree in Nursing Informatics this month. Her specific areas of interest are decision support systems (DSS) and data management. Simply defined, DSS aid in and strengthen the selection of viable options using the information of an organization on file to facilitate decision making and overall efficiency (Hebda, Czar, & Mascara, 1998).

Already supporting the information needs of the Army and greater DoD, MAJ Wilson spent her final practicum hours working with CDR Kathleen Charters, U.S. Navy Nurse Corps and recent PhD informatics graduate from the University of Maryland, at the TriCare LEAD Agency at Walter Reed Army Medical Center (WRAMC). In this work she gained critical project management experience by working with managers for the CHCS consolidation effort in the National Capitol Area. Other projects that MAJ Wilson has supported include the planning and implementation of the SynQuest system, an education and training system recently installed at WRAMC, as well as the development of a database for the Military District of Washington, Command Retention Program. This database is used to track surveys completed by soldiers leaving active service. Reports are generated to look at reasons for departure, and issues affecting soldier and family life.

MAJ Wilson's final graduation requirement, a scholarly paper, focused on the utilization of data mining for decision support in critical care. The availability of data mining programs has the potential to allow providers, at the point of care, the ability to query a data warehouse for best-practice information. The

implications for real-time access to data is very significant in the environment of critical care. Because of the changes in the healthcare provider workforce, specifically nurses, issues such as nursing shortages, nurse-patient ratios, and novice nursing personnel can all be affected by the use of this technology.

CPT Michael Greenly is another proud May informatics graduate from the University of Maryland. During his tenure at school, his primary interests included business automation devices, internet and wireless communication technologies, business process reengineering, and emerging technologies. As part of his research experience, CPT Greenly assisted in an ongoing research study under his advisor's tutelage to gather data against the predictive power of APACHE scores. During his systems analysis course, a core content area for all informatics students, he developed a web-based database system accessed through an APACHE web server to track students and their academic performance in a program with 10 instructors and 200 students. To better understand the importance of database design and administration, CPT Greenly, along with fellow informatics students, also designed a database for WRAMC that was intended to track the use of contract nurses throughout the critical care section. This system supported more accurate tracking of nurses by name, agency, unit, and shift via a unique request number.

As part of CPT Greenly's Project Management class, he designed a fuel delivery/deployment system for the U.S. Navy. While at first glance it would appear that Navy fuel delivery has little to do with nursing informatics, one merely needs to look at the resources, time, and monies involved in the development and implementation of CHCS and CHCS II to find corollaries. The ability to manage large projects using sophisticated and proven methods are critical to ongoing efforts related to the development of next generation deployable medical information systems.

Finally, as part of CPT Greenly's final practicum, he leveraged his interests in emerging technologies and worked with the Washington, DC, Veteran's Administration Medical Center (VAMC) to do an in-depth analysis of the Bar Code Medication Administration system. As a final deliverable to the agency, CPT Greenly produced a comparative analysis of several types of medication packaging scanning accuracy results. This included a recommendation for purchase of the best scanner for use by nurses. Given the recent Institute of Medicine report "To Err is Human," there is no doubt that the potential for medication error reduction using safer technologies is beneficial to patients and the larger organization.

MAJ Janice Nickie-Green is set to graduate from the University of Texas Health Science Center in San Antonio with a major in Community and Health Care Systems in Nursing. To our benefit, however, she was able to complete a minor in nursing informatics. As part of this coursework, MAJ Nickie-Green studied the underlying concepts and design implications for healthcare information systems, investigated the feasibility, implementation, and integration of clinical information management systems, and assessed the role of the nurse informaticist in strategic planning for healthcare and

clinical information systems development. Finally, MAJ Nickie-Green was able to learn basic principles of information technology research as it pertains to data mining, data repositories, data warehousing, and clinical applications for large data sets as well as the use of problem knowledge couplers and simulation software. As with many informatics students, she was also able to learn the basics of web design using HTML.

CPT(P) Katherine Taylor-Baker possesses a prior Masters degree in Information Management and Computer Resources and entered the University of Maryland, Baltimore this past fall to pursue a second Masters degree in Nursing Informatics and a minor in Managed Care. In addition to her coursework, she serves as the webmaster for the Capitol Area Roundtable on Informatics in Nursing (CARING). Her primary interests lie in supporting the various healthcare disciplines to become more internet/intranet enabled thereby helping patients and providers increase communication and care online. CPT (P) Taylor-Baker is currently examining issues surrounding use of the Internet for healthcare delivery as well as e-commerce strategies for managed care.

CPT Carolyn Gales began informatics studies this past fall and is pursuing a second Masters in Business Administration. In addition to her nursing courses, she is taking classes in database management, marketing, production and operations management, managerial accounting, and telecommunications. CPT Gales is collaborating with fellow ANC informatics student, **MAJ Saturnino "Tony" Chavez**, to develop a workload management database for the Same Day Surgery section at Ft. Meade's Kimbrough Ambulatory Care Clinic. Once a relatively quiet facility, Kimbrough now boasts a monthly outpatient surgery schedule in excess of 220 cases/month. Automation of their workload management system will provide immediate benefits to the entire organization. Additionally, she created a website for her telecommunications class that highlights the impact of telecommunications in healthcare. You can visit the site at <http://informatics.umaryland.edu/carolyn>.

MAJ Tony Chavez also began informatics studies this past fall at the University of Maryland. In addition to his patient database management system work with CPT Gales, he hopes to investigate how health care organizations can better use information resources to gain a competitive advantage in their market segment. MAJ Chavez will spend his second year focusing on how the informatics nurse can leverage their specialized expertise of information systems and nursing to align enterprise objectives with information technology (IT) needs to better support healthcare decision making. Other efforts focus on examining the role of the nurse informaticist and how they serve as a bridge to communicate healthcare provider information-handling needs to the business and information systems' executives while concurrently communicating the business and IT objectives of the organization back to providers to improve information collection strategies.

MAJ Norman Glover began his informatics education at the University of Utah this past Fall. His primary areas of interest

include database structure, vocabulary standardization, and defining discipline-specific data requirements. These interests are at the core of creating a successfully integrated healthcare network not only throughout Army healthcare facilities but also across Department of Defense healthcare facilities. Integrated health networks are at the forefront of healthcare delivery and, if implemented correctly, can improve the quality of care and ultimately generate cost savings. However, to do so requires, at a minimum, standardized data elements and at least some form of a core standardized vocabulary. Ultimately, if the potential benefits of computer technology are to be realized by the Department of Defense, the foundation of an integrated healthcare network must include a clearly defined minimum data set, a methodically designed structure, and a tightly controlled maintenance process.

Of current and significant interest, given the recent passage of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), MAJ Glover assessed the degree of HIPAA compliance by performing a formal needs assessment for a Utah-based health organization as part of his graduate study. The needs assessment resulted in the development of a program plan consisting of eight executive level presentations to introduce the basic concepts and terminology for the Administrative Simplification Provision, The Privacy of Individually Identifiable Health Information. The Privacy of Individually Identifiable Health Information is one of the many new health industry regulatory requirements that confront our nation's evolving healthcare delivery system.

To learn more about MAJ Glover, his current informatics work, and the University of Utah, College of Nursing, Informatics Program, you can check out his website at <http://home.earthlink.net/~glover2000>.

Congratulations to the new informatics graduates and best wishes for continued success to those still in school!

References:

Graves, J. R., & Corcoran, S. (1989). The study of nursing informatics. *Image: Journal of Nursing Scholarship*, 21(4), 227-31.

Hebda, T., Czar, P., & Mascara, C. (1998). *Handbook of informatics for nurses and health care professionals*. Menlo Park, CA: Addison-Wesley.

RESEARCH UPDATE: LTC Laura Brosch, AN, PhD

How Nurses Can Help – Implications from a study of
“Physical Activity and Exercise in Active Duty Female
Soldiers*”

Soldier health promotion is a top priority for military nurses. Much is known about the effects of exercise on adults and on the exercise practices of males; far less is known about females. Our research team** has been studying the extent to which active duty female soldiers engage in physical activity and participate in habitual exercise and identifying the factors influencing that participation. In Phase I of the study we surveyed 2200 female soldiers of all ages, ethnicities, ranks,

duty titles and unit types to ask them how they viewed their health status, social support for exercise, confidence in their commitment and abilities to exercise, nutritional habits, barriers and benefits to exercise and the extent to which they exercised. With the soldiers' permission we obtained their APFT results. In Phase II we conducted focus groups with specific subgroups to explore exercise-related issues of concern to nurses.

Preliminary Findings: A little over one half of the soldiers responded (n = 1103) to our survey (a typical number for this type of survey). The average soldier who responded was 28 years old with 6 years of active duty service. Approximately ¾ of the soldiers were enlisted. Fifty-five percent of the soldiers were married and of those only half lived with their spouse at their present duty location. Forty percent of the soldiers had at least one child residing with them. The good news is that 74% engaged in at least 30 minutes of aerobic exercise a minimum of 3 times/week and of the 708 soldiers for whom we could obtain APFT results – 95% of them passed.

What else did we learn? A lot that will be published in future articles. For the purpose of this news brief we want to highlight one particular set of findings. In this survey, 266 soldiers (24%) described a history of exercise-related injury occurring in the past three months. The number of subjects with these types of injuries surprised our team so we decided to conduct our first set of focus groups with injured soldiers. Some of our most interesting observations came from our focus groups with senior enlisted female soldiers assigned to line units. We learned of the stigma attached to injury/profile and/or falling out of formation in unit runs; of the common occurrence of stress fractures and most importantly, of the lack of recovery programs to provide a bridge from profile to full physical training. Granted these are the sentiments of a few soldiers involved in-depth discussions, nevertheless they are a cue to further investigation and action.

Nursing Implications: What can nurses in clinics treating soldiers with musculoskeletal injuries do to assist their patients to achieve full recovery? Here are a few suggestions.

1. Assess your patient's patterns and history of musculoskeletal injuries. Is there a pattern of re-injury? Do you suspect that he/she is maintaining profile restrictions or continuing to exercise? Are there a high number of injured patients from a particular unit?
2. Assess your patient's current program of exercise. Is he/she involved in an exercise program targeted at rehabilitation of his/her specific injury or in a generic special populations program? Is the exercise program appropriate?
3. Identify a mechanism for referring patients to health professionals (e.g. orthopedists, physical therapists) who can tailor an “exercise prescription” to allow for full recovery.
4. Suggest the inclusion of content on the proper fit of running shoes and strategies to avoid running injuries in the MTF orientation of incoming active duty personnel.
5. Obtain printed educational material on such topics as injury prevention, strength training, returning to running progression following injury and aerobic conditioning. Display them in your clinic. Talk to the fitness facilities on

post about displaying injury recovery educational material on their bulleting boards.

6. Schedule musculoskeletal injury recovery educational content into your clinic's inservice program. Offer attendance to medics assigned to Troop Medical Clinics (TMCs)

7. Post exercise program information on your clinic bulletin boards (aerobics, yoga, swimming pool hours, etc).

These are only a few ways that nurses can make a difference in soldiers' lives. We look forward to sharing the final results of this study with the Army Nurse Corps. Please contact us if you have innovative exercise program or other ideas targeted at injury prevention and/or focused injury rehabilitation. LTC Brosch can be reached at DSN 662-7025 or CML (202) 782-7025.

* This study was funded by the TriService Nursing Research Program.

** LTC Laura Brosch, AN, PhD, Ms. Deb DePaul, MSN, RN, Lori A. Loan, PhD, RNC & COL Melissa Forsythe, AN, PhD.

OB/GYN Consultant **LTC Ramona Fiorey**

A revised pregnancy profile will shortly be implemented in Army medical treatment facilities. The revision contains updated guidance regarding occupational exposures during pregnancy and physical activity during and after pregnancy. Paragraphs 7-9 and 7-10, AR 40-501 are superceded by the revised guidelines. The revised profile requires an occupational health assessment to be completed at the first prenatal visit. The assessment form, the Occupational Health Pregnancy Surveillance Questionnaire, is currently an overprinted DA Form 4700. POC for this action is Ms. Wortzel, DSN 761-0020, or commercial (703) 681-0020.

The U.S. Consumer Product Safety Commission (CPSC) has issued a warning to caregivers about the potential for infant death due to suffocation or strangulation from loose or oversized sheets in infants' cribs. Information and a hazard alert will be available on the American Academy of Pediatrics (AAP) web site, www.aapnews.org. The CPSC offers the following tips to ensure a safer sleeping environment for infants:

- Make sure the crib sheet fits snugly on a crib mattress and overlaps the mattress so that it cannot be dislodged by pulling on the corner of the sheet.
- Never use an adult sheet on a crib mattress; it can come loose and present an entanglement hazard to young children.
- Place a baby on his/her back on a firm, tight-fitting mattress in a crib meeting current safety standards.
- Remove pillows, quilts, comforters, and sheepskins from the crib.

To receive a free copy of the crib sheet safety alert, write to CPSC, Washington, D.C. 20207, email CPSC at publications@cpsc.gov, or visit the web site at www.cpsc.gov.

The April 2001 issue of *Sentinel Event Alert*, a JCAHO publication, addresses the incidence of Kernicterus. Although rare, cases of Kernicterus leading to infant death or permanent injury have been reported. Since Kernicterus is preventable, it is an area that requires attention for risk management in medical treatment facilities. The article describes risk factors for recent cases of Kernicterus and identified root causes that include deficiencies in patient assessment, continuum of care, patient and family education, and treatment. The article presents JCAHO recommendations for risk reduction strategies, including the American Academy of Pediatrics (AAP) *Practice Guidelines for Management of Hyperbilirubinemia in the Healthy Term Newborn* (available at www.aap.org/policy/hyperb.htm). The Joint Commission recommends that organizations (1) take steps to raise awareness among neonatal caregivers of the potential for kernicterus and its risk factors; (2) review their current patient care processes with regard to the identification and management of hyperbilirubinemia in newborns; and (3) identify strategies from the above list of available risk reduction strategies that could enhance the effectiveness of these processes. The article is available in its entirety at <http://www.jcaho.org/index.html>.

Kudos to LTC Mittelstaedt, Chief of Maternal-Child Nursing at MAMC, winner of the AWHONN Wyeth-Ayerst Grant Award! The winning grant proposal, written by LTC Mittelstaedt and Mrs. Brenda Lykins, was for the Perinatal Education Consortium, a component of the Southwest Washington Regional Perinatal Program. The award, which provides \$4,000 for Women's Health Research, will be presented at the National AWHONN Conference in June. Mrs. Kathleen Judge, Head Nurse for Labor and Delivery at MAMC, will receive the award on behalf of LTC Mittelstaedt and Mrs. Lykins at the national conference.

Here's a reference that might serve well for Performance Improvement programs in the OB/GYN area. *Quality of Care for Women: A Review of Selected Clinical Conditions and Quality Indicators* covers a wide variety of clinical entities for women throughout the life cycle. It describes QA tools, covers a variety of modes of providing care, and the quality indicators are based on review of the literature. Best of all, the price is right. The publisher of the manuscript, Rand Corporation, will provide one copy per order free of charge to military treatment facilities. The Rand URL is <http://www.rand.org/>. To order the document or obtain additional information, email order@rand.org or telephone (310) 451-7002.

Documents for the OB/GYN Competency Validation Program are now available on the OB/GYN Course Web page (www.tamc.amedd.army.mil/residence/mchke/obgynnurse.htm). These include an overview about the program, the administrative information, and all documents required to administer the program.

WOMEN'S HEALTH ADVANCED PRACTICE NURSING CONSULTANT COL LAURIE DAVIS

A fond farewell and God Bless to all as I shift gears and ready myself for my upcoming civilian role. It has been a pleasure and an honor to serve as your consultant for the past four years and wish all of you much success, health and happiness. I leave the service with an array of mixed emotions ranging from joy at being able to spend time more time with my family and become more involved in my children's lives to sadness in leaving the finest group of professionals and friends one could ever hope to meet. I will strive to keep my connection with the military strong.

LTC Lori Bond from Ft Bragg should be back from her 6 week Kenya tour. This deployment augmented the 5th SFG (A) during the MEDCAP (HCA) portion of humanitarian/mission Joint Exercise Nobel Piper 01. The exercise pulls together the various resources that assist during a regional or national emergency. The MEDCAP portion basically serves two purposes. One is to build and foster better relations with our African Military friends by sharing our professional medical expertise with their medical personnel during the exercise and in the ensuing MEDCAP. This will help insure we continue a foothold in the horn of Africa if the U.S. ever needed to deploy to that remote region. The other goal is a humanitarian, civic action type of mission involved with the provision of medical services to hundreds of Kenyan villagers that have very little if any medical care. Diseases and chronic illnesses are numerous. There is basically little to no birth control which contributes to the overpopulation problem and very little to no OB-GYN care for the female population. I'm sure LTC Bond will have much to share regarding her exotic African tour. It is important for all women's health APN's to keep your consultant informed of your desire to do such missions and be ready to deploy quickly once they are announced. These type missions are what we are trained for and I encourage all to take advantage of them.

An FDA warning has been issued in regarding dangerously high levels of methylmercury found in some long-lived, larger fish. The methylmercury can harm an unborn child's developing nervous system if eaten regularly and all pregnant and nursing women need to be warned of its potential danger. The fish to avoid include: Shark, Swordfish, King mackerel and Tilefish. Women can safely eat up to 12 ounces of a variety of other fish per week. Further information can be found at 1 888 SAFEWOOD or www.cfsan.fda.gov.

There are many exciting women's health projects currently underway in the Army and throughout the DoD. I had the pleasure of working with LTC Jay Carlson, OB consultant, on obtaining the approval for funding of liquid based cytology throughout the Army. Funding was approved and now all that is left is the actual allocation of the funds and implementation. This will dramatically improve our ability to detect pre-cancerous lesions in the treatable stage, improve quality of life and avoid needless deaths. We still have a long way to go in ensuring our women clients receive the recommended screening and required follow-up care but we now will have

the state-of-the-art tools in which to accomplish our goals. Another project that was spearheaded by LTC Carlson is an electronic database to help ensure women are not lost to Follow-up once screened. CHPPM also has multiple ongoing women's health related projects such as prevention of unplanned pregnancies, exercise in pregnancy and many others, and I urge you to keep informed through their WebPages. MEDCOM is sponsoring Clinical Guideline development and implementation for low risk pregnancy. This guideline aims at decreasing variability of care and thereby improving quality of care to all low risk pregnant women. CNMs, as the experts in low risk pregnancy, need to remain active in the development and implementation of this important guideline.

In closing, I urge you to continue to speak out for our women beneficiaries everywhere and stay involved with the multitude of cutting edge initiatives the Army is involved in. We have made a difference in many women's lives and we all need to remain an advocate in improving the health care to all women and their families. Women deserve choice and midwifery offers them this choice. Be strong, be vocal and always be grateful. God bless and happy trails.

TASK FORCE MEDICAL FALCON A BRITISH PERSPECTIVE MAJ Skj Beeching, QARANC

Task Force Medical Falcon Camp Bondsteel in Kosovo is once again responding to a challenge. Having mobilizing in March 2001 and settled into providing excellent medical treatment for all Kosovo Force multinational troops under the Command of Col Joyce Humphrey, AN. The 399th are now facing the challenge of integrating a British Contingent of medical and nursing staff.

Personally I had the privilege of serving as the Senior Nurse for The Hospital Squadron, United Kingdom Combat Service Support Battalion that was commanded by Major John Best, RAMC. The hospital known as The Reynolds Hospital based in Pristina was named after Surgeon Major James Reynolds who won the Victoria Cross for extreme bravery at Roukes Drift, Africa. The 25 bedded facility was based on the principles of triage, resuscitation, stabilization and early repatriation and consisted of a three bay resuscitation department, two table operating capability and two intensive care beds with a further 23 ward beds. A Command and administrative department, Physiotherapist, Radiology, Pathology, a Community Psychiatric Nurse and an Air Evacuation team also supported the facility. Regular and Reserve personnel from the Navy, Army, and Air force staffed the Hospital this reflects the integrated nature of the British Defense Medical Services. The primary mission of the hospital was to provide medical support to KFOR troops and additional emergency care to the local NGO, UN and civilian populations.

In the interests of efficiency and expediency on behalf of both Nations, Reynolds Hospital closed on Tuesday 15th May and a British Contingent under the Command of Major Best

amalgamated with the American Hospital facility. An Amalgamation Ceremony, attended by Brigadier General Quinlan and Brigadier Tadier OBE, to form the Multinational Integrated Medical Unit, marked the truly historic occasion.

It is always sad to say goodbye to a home and old friends. Our departure from Reynolds Hospital was indeed a sad one, for this hospital had in its short history dealt with a wide variety of trauma and major incidents and seen a great variety of service personnel with a diversity of skills work very closely together. Our militaries, however, have always had a close bond and indeed during my tour in Kosovo the tragic bombing incident involving the Nis Express Bus, the two Medical facilities clearly demonstrated the close link that already exists between our two nations when we very successfully worked along side each other delivering a high standard of care to the injured.

Many eloquent words have been said in welcoming the British Contingent to Task Force Medical Falcon but nothing can replace the genuine warmth and enthusiasm that has been shown by all to us 'Brits'. The 399th have indeed risen to face the challenge and it is truly a pleasure and a privilege for me to be playing an integral part in providing an excellent standard of medical care to KFOR troops alongside my American colleagues. We have the same philosophies and goals and I have no doubt that this venture will be a successful one.

Just a word or two from LTC Geren. I feel extremely privileged to work with such a fine group of professional nurses from the Queen Alexandra's Royal Army Nursing Corps, the Queen Alexandra's Royal Navy Nursing Service and the Princess Mary's Royal Air Force Nursing Service all under the auspices of the Tri Service Defense Medical Service. Their enthusiasm has added a new dimension to the blending of nursing service as we travel toward global goals of health care. At one point on our Intermediate Care Ward, we were blessed with a soldier patient from each of these nationalities: Sweden, Italy, United Kingdom, and two from Czechoslovakia. The British nurses were quite used to the multinational approach and we soon had it all sorted out.

TASK FORCE MED EAGLE

CPT Kimberlie A. Statler

Eagle Base, Bosnia-Herzegovina

The 28th Combat Support Hospital has been responsible for the excellent care rendered at Task Force Med Eagle since their deployment March 2001. The 28th CSH is comprised of FORSCOM and PROFIS personnel from Womack AMC, FT Bragg; DeWitt ACH, FT Belvoir, VA; and Moncrief ACH, FT Jackson, SC. The Army Nurse Corps has ten officers deployed here at this time.

- MAJ Reva Thoroughman, Chief Nurse
- MAJ Laura Newkirk, HN, Perioperative Services
- CPT Katryna Deary, HN, ICW
- CPT Kriestin Kleinschmidt, HN, EMT
- CPT Elbridge Merritt, OR
- CPT Dawn Shafer, CRNA

- CPT Kimberlie Statler, Nurse Practitioner
- CPT Astrid Sturm, HN, ICU
- 1LT Pablo Snead, ICU
- 1LT Mark Wimmer, ICW

COL Rhonda Cornum commands Task Force Med Eagle (28th CSH Commander). TFME is a large organization made up of several subordinate units. Those units are as follows:

- 714th Medical Detachment (Preventive Medicine), FT Bragg, NC.
- 528th Medical Detachment (Combat Stress Company), FT Bragg, NC.
- 32nd Medical Detachment (Logistics), FT Bragg, NC.
- 141st Ground Ambulance Company, National Guard, Connecticut.
- 1022nd Air Ambulance Company, National Guard, Cheyenne, WY and Denver, CO.
- 248th Medical Detachment (Veterinary Services), FT Bragg, NC.
- 257th Dental Detachment, FT Bragg, NC.
- 28th Combat Support Hospital, FT Bragg, NC.



Task Force Med Eagle

The nursing staff of TFME is taking every advantage possible to interact with the other NATO forces here in Bosnia – Herzegovina. Every Saturday the hospital sponsors a Continuing Medical Education (CME) Activity. All medical personnel are invited. We have personnel from Denmark, Russia, Turkey, Germany, and Latvia. Personnel from Eagle Base and many outlying camps participate in these CME activities. Topics have included: trauma management, rapid sequence induction, hanta virus/ribavirin, EPW 101, burns, regional anesthesia, shoulder and elbow injuries and a special presentation last week from the Russian Medical Commander on Dagestan Hospital.



Danish Soldiers with the SISU (Armored Ambulance)

On 9 May 2001, three of our ANC Officers attended the Victory Day Celebration at Camp Uglijevik (the Russian Camp). CPT Kleinschmidt, CPT Shafer and 1LT Snead joined the 1st Peacekeeping Russian Separate Airborne Brigade in the Victory Day Celebration. This marks a period in time 56 years ago when the Third Reich unconditionally surrendered. The day focused on the importance of peace for all nations and working together to achieve optimum results.

Task Force Med Eagle personnel visited Vojo Peri ("Home for Children") Orphanage on 15 May 2001. The orphanage is located within Tuzla, Bosnia-Herzegovina. They spent two hours with about 100 children at the center. The wonderful children received a "Christmas in May" when the TFME personnel presented them with toys food and other gifts donated by all of the folks from home. CPT Shafer and 1LT Albritton decorated the children's hair with ribbons and beads. The children love anything unique or American, to include pictures, decals, sports equipment, t-shirts and school supplies. Everyone had a great time! Even though there was a communication barrier, they communicated through affection and a shared sense of humor.

We have been working very hard providing state of the art medical care to our soldiers and beneficiaries here on Eagle Base. We have had several real emergencies and many MASCAL exercises over the past two months. The experiences we are receiving here are wonderful and very worthwhile.

The nurses of TFME would like to say hello to all our friends and family back home!

115th FH Nurses Celebrated Nurses Week at Vicksburg **MAJ Veronica Lewis**

The 115th Medical Field Hospital nurses, led by LTC Tollenare, their Chief Nurse, celebrated Nurses' Week in a special way. They visited Vicksburg National Park to learn more about their Military History, their forefather's involvement in the Civil War and the impact of the conflict there upon health care and nursing resources. This Staff Ride was truly a unique experience.



The battle and siege of Vicksburg represents an excellent example of one the most effective uses of combined operations involving ground and naval forces by the Union during the war. Acts of individual heroism by individuals caring for the wounded were common place. One Southern lady, the wife of a Captain from a Louisiana unit shared food from her dwindling resources. She journeyed daily through artillery fire to personally care for a badly wounded soldier of her husband at Hospital No. 1.

Mrs. Bickerdyke, better known as Mother Mary Bickerdyke, one of the more noted ladies involved in nursing during the Civil War, was involved in the Vicksburg Campaign. "At the siege of Vicksburg she undertook the difficult task of correcting abuses in the distribution of sanitary supplies". At times, she was not at all a welcomed guest to the agents and officers in charge of those supplies. One reportedly complained to the general in charge and asked to have her removed. On learning who she was, General Sherman reportedly said, "Oh, well, she out ranks me, you must apply to President Lincoln." *The nurses learned and saw tangible evidence, that over the years we have indeed improved the survival chances of soldiers. During the War Between the States, if wounded, there was a one in seven chances the soldier would survive. During the Vietnam Conflict, according to one account, 267 out of 268 soldiers survived their wounds. During the tour the nurses learned that anesthesia was available during the War of the Rebellion and techniques that sounded very much like our use of moderate sedation, although, a little less refined were employed. As in many wars, often more individuals died of disease rather than of wounds. Lister's discovery and use of antiseptics, unfortunately for many a combatant, was not known until 1865, the year the war came to a close.

The day tour at the Visitors' Center began with a film about the Siege of Vicksburg that took place from 19 May-4 July 1863. Next the nurses browsed the museum and gift shop. A two-hour, 16-mile tour of the park with an excellent guide they hired followed. Along the way they viewed various historic sites such as Battery De Golyer - a battery of artillery guns used by the 8th Michigan Artillery Command during the Civil War and Battery Selfridge - a US Navy Cannon which was manned by sailors. They also visited the remains of the one of the ironclad ships, the USS Cairo, raised from the Mississippi after more than a hundred years on the bottom

now on display in the park. They also passed by the Shirley House, a Union Troop House, called the "White House." the only wartime structure remaining in the park. Bombproof shelters that were built around it protected the structure. The nursing entourage viewed and visited numerous monuments (some elaborate and others less elaborate) erected by the different states that were actively involved in the war. They saw the trenches of the troops of the union and confederacy, some still fairly delineated with defensive and offensive lines and avenues of approach. They also stopped at National Cemetery where nearly 17,000 Union Soldiers and 2 Confederate soldiers are interred; some 13,000 of those 17,000 are unknown.

Vicksburg overlooks the Mississippi River; the important objective that brought two determined forces together in 1862 and 1863. It was the vital link to the interstate railroad for delivery of goods and supplies for Confederate forces and commerce from the west to the port of New Orleans for the Union. It was a critical key to the outcome of the war. President Lincoln reportedly remarked "We (the Union) must own that key and have it in our pocket" On July 4th 1863 Vicksburg fell to Union forces, the same day Lee began his withdraw from Gettysburg. The war in the west was over and Vicksburg, not far from FT. Polk, most likely was one of the most pivotal battles of the entire conflict.

The nurses noted it was a meaningful venture and gave them a greater appreciation for the valor, ingenuity, and fortitude of soldiers, nurses and soldier medics.

* EARLY ILLINOIS WOMEN

<http://www.rsa.lib.il.us/ilwomen/files/MI/htm/MI000004.html>



The satellite broadcast to "Kick-Off" the Department of Defense and Veterans' Administration (DoD/VA) Tobacco Use Cessation Guideline for Primary Care Providers will discuss the clinical guideline for tobacco use cessation, the evidence-based metrics on use of the guideline, and the tool kit for primary care health teams (dental and medical) to implement individual tobacco use cessation interventions. There will also be a discussion on successful community-focused prevention and cessation programs. LtCol Wayne Talcott, Chair of the DoD Alcohol Abuse Tobacco Use Cessation Committee, the Guideline Champion, Dr. Linda Ferry, VA, Tobacco Treatment Specialist, and a panel of subject matter experts will also have interactive question and answer periods with viewers during the broadcast, which is on 19 Sept 01, 1300-1500 ET, via live satellite broadcast from the Food and Drug Administration's studio in Gaithersburg, MD. The program will be available via C and Ku Satellite, GETN/ATN, the Swank Healthcare Network, Internet Streaming limited VTC, VA Knowledge Network, and other methods.

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Texas Tech University Health Sciences Center and the U. S. Army Medical Command. Texas Tech University Health Sciences Center and the U. S. Army Medical Command are accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. Texas Tech University Health Sciences Center takes responsibility for the content, quality, and scientific integrity of this CME activity.

For more information and for registration, please see <http://www.swankhealth.com>

LTC Lois Borsay (POPM/MEDCOM San Antonio) has been invited by Professional Exchanges International to lead a nurses' exchange tour entitled "Nursing In Eastern Europe Since the Cold War." The group will travel from 2-11 November 2001. Participants will meet with nursing counterparts and nursing association leaders in Prague, Warsaw and Budapest and also have an opportunity to visit historical sites. For further information, contact LTC Borsay at LABorsay@hotmail.com.



LTC Hyacinth Joseph, AN at WRAMC earned her PhD in Education from American University on 23 April 2001. LTC Joseph earned this degree as a part-time student. Her area of concentration was Cultural Studies and her dissertation is entitled "An Investigation of the Attitudes and Cultural Self-Efficacy Levels of Nurses Caring for Patients in Army Hospitals."

Dr. Lori Loan, RNC, Chief, Nursing Research Service at MAMC, was the recipient of the Carol A. Lindeman New Research Award. This is recognition given by the Western Institute of Nursing (WIN). She received the award at the WIN annual meeting. The paper she submitted was from her dissertation and entitled, "Ventilator Inspired Gas Temperature and Tracheal Injury in Neonates".

From Brooke Army Medical Center

Major Paul Lewis – has won the prestigious UNPA - Wyeth-Ayrest Scientific Award for his research on Community Smoking Cessation Programs in Military Schools.

PUBLICATIONS

CPT Cheryl Borden, AN, Intensive Care Nurse at WRAMC had her abstract entitled "The Effect of Do-Not Resuscitate Orders on Nursing Care Activities of Critically Ill Patients" published in the American Journal of Critical Care, May 2001, Vol 10, No.3, p. 212.

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COL Peggy Wilmoth is currently the Commander, 312th Field Hospital, Greensboro, NC. and will be graduating from the US Army War College in July, 2001. In her civilian life, she is an Associate Professor, Department of Adult Health Nursing, College of Nursing & Health Professions, UNC Charlotte, Charlotte, NC.

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MAJ Christine C. Sanford is the Training Officer and former Commander of the 312th Field Hospital, Greensboro,

N.C. In her civilian life, she is a certified pediatric nurse practitioner working at Carolina Pediatrics and an Associate Clinical Professor at Duke University School of Nursing, Durham, N.C.

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LTC Miller USAISR

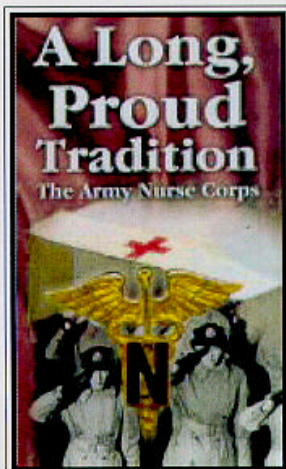
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From the Staff at Ft. Eustis

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ARMY NURSE CORPS CENTENNIAL COMMEMORATIVE ITEMS



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